



June 29, 2016

Environmental Protection Agency – Region 2
Division of Enforcement and Compliance Assistance – Air Compliance Branch
290 Broadway – 21st floor
New York, NY 1007-1866

Reference: Cooper Hospital – Kelemen Building
One Cooper Plaza
Camden NJ08103

To Whom It May Concern:

The attached will serve as **revision 2** for the above reference project.
Should you have any questions or require additional information, please call this office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Goshow".

Mark Goshow
Project Manager

MG : pd

cc: File 70-15-030

Associated Specialty Contracting
98 LaCrue Ave. Suite 110 Glen Mills, Pa. 19342 (610) 364-9622 fax (610) 364-9624



New Jersey Dept of Health and Senior Services
Consumer and Environmental Health Services
135 East State Street
4th Floor
Trenton, NJ 08625-0369

Reference: Cooper Hospital – Kelemen Building
One Cooper Plaza
Camden NJ 08103

To Whom It May Concern:

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Mark Goshow
Project Manager

MG : pd

cc: File 70-15-030



June 29, 2016

Department of Labor
Division of Public Safety & Occupational Safety & Health
Asbestos Control & Licensing Section
One John Fitch Plaza
Trenton NJ 08625-0949

Reference: Cooper Hospital – Kelemen Building
One Cooper Plaza
Camden NJ08103

To Whom It May Concern:

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A handwritten signature in blue ink, appearing to read "Mark Goshow".

Mark Goshow
Project Manager

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Associated Specialty Contracting
98 LaCrue Ave. Suite 110 Glen Mills, Pa. 19342 (610) 364-9622 fax (610) 364-9624

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:-120-7)


Date of Notification (1) 06/29/16 Month/Day/Year		Name of Building Owner/Operator (2) Cooper University Hospital	
Agency Notified X EPA X DEP X DCA X DOH	Type Notification	Street Address	
	Initial	One Cooper Plaza	
	Notification	City, State, Zip Code	
	<input checked="" type="checkbox"/> Amended	Camden NJ 08103	
	Notification	Name of Contact	Telephone Number
	Cancellation	Mark Elberfeld	215-271-1449

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Cooper Hospital- Kelemen Bldg			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address One Cooper Plaza			Square Feet # of Floors Bldg. Age 50,000 4 60		
City (5) Camden	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital		
Name of Monitoring Firm Hired by Building Owner (8) Criterion Labs		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 3370 Progress Drive			Street Address 98 LaCrue Avenue		
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Panpresso		Telephone Number 215-244-1300	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/29/15 Month/Day/Year		Sched. Completion Date (11) 12/31/16 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM Other - Describe: 4:00 PM to 12:30AM			Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020		

Scope of work (Check all that apply)		Full Containment with Negative Pressure	
Demolition	<input checked="" type="checkbox"/> Renovation	Mini - Enclosure	
>3 sf or >3 if		Glovebag Procedure	
<input checked="" type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Pharmacy 2nd floor		<input checked="" type="checkbox"/>		floor tile and mastic	4564 SF	<input checked="" type="checkbox"/>			
3rd Fl OR		<input checked="" type="checkbox"/>		floor tile and mastic	1542 SF	<input checked="" type="checkbox"/>			
2nd Fl Enabling		<input checked="" type="checkbox"/>		floor mastic	1345 SF	<input checked="" type="checkbox"/>			
2nd Fl Enabling		<input checked="" type="checkbox"/>		floor tile	830 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill	
Horizon Disposal				GROWS	
City, State Trenton NJ		Disposal Date As req.		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature 		Date 6-29-16

ABS-41
JUN 95

G4667

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 369
Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

I. NOTIFICATION INFORMATION

Date of Notification: 6 / 28 / 14

☐ Initial ☒ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☐ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Cooper Hospital - Kalamen Bldg.
Street Address: One Cooper Plaza City: Camden State: NJ Zip: 08103
Name of Contact: Ray Apice Telephone No.: 267-908-2454

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Cooper Hosp - Kalamen Bldg
Describe Facility Use: Hospital
Street Address: One Cooper Plaza City: Camden State: NJ Zip: 08103
County Name: _____ County Code (State Use Only): _____
Scheduled Start Date: 6 / 29 / 15 Scheduled Completion Date: 12 / 31 / 16

Occupancy Status During Activity (check only one):

☐ Facility Closed/Vacated During Entire Activity
☒ Activity Performed Outside Normal Facility Hours—Describe: 8PM - 4:30AM
☐ Other—Describe: _____

Scope of Work (check all that apply):

<input checked="" type="checkbox"/> Floor Tile	Square Footage: <u>6936</u>	Percentage Asbestos: <u>2</u> %
<input checked="" type="checkbox"/> Mastic	Square Footage: <u>7450</u>	Percentage Asbestos: <u>2</u> %
<input type="checkbox"/> Transite	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Roofing	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Siding	Square Footage: _____	Percentage Asbestos: _____ %
<input type="checkbox"/> Other: _____	Square Footage: _____	Percentage Asbestos: _____ %

IV. CONTRACTOR INFORMATION

Company Name: ASSOCIATED SPECIALTY CONTR. Telephone No.: 610-364-9622
Street Address: 98 LACRUE AVE City: Chen Mills State: PA Zip: 19342
New Jersey Asbestos License Number (if applicable): _____
Monitoring Firm (if applicable): Criterion Labs Telephone No.: 215-244-1300

V. SIGNATURE

Completed By (type or print legibly): MARK GISHOU Title: Project Manager
Signature: Mark Gishou Date: 6-28-16